

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>S</i>		
O.I.P.E. CLASSIFIER	<i>DP</i>	<i>32</i>	<i>8/10/01</i>
FORMALITY REVIEW	<i>S&amp;B</i>	<i>1091</i>	<i>8/10/01</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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8/10/01  
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